MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/511833

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1								51						
2								52						
3								53						
4								54						
5								55						
6								56						
7								57						
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40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3		2					TOTAL IND.						
TOTAL DEP.		67		66				TOTAL DEP.						
TOTAL CLAIMS	70		68					TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

*U.S. GOVERNMENT PRINTING OFFICE 1987/431-741